

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION

April 17, 2014, 9:30 am to 3:00 pm
Polk County River Place, Room 1
2309 Euclid Avenue, Des Moines, IA
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Neil Broderick
Richard Crouch
Lynn Grobe
Chris Hoffman
David Hudson
Betty King
Sharon Lambert

Rebecca Peterson
Deb Schildroth
Patrick Schmitz
Susan Koch-Seechase
Marilyn Seemann
Suzanne Watson
Jack Willey

MHDS COMMISSION MEMBERS ABSENT:

Jill Davisson
Senator Joni Ernst
Senator Jack Hatch

Representative Dave Heaton
Representative Lisa Heddens
Brett McLain

OTHER ATTENDEES:

Theresa Armstrong	MHDS, Bureau Chief Community Services & Planning
Bob Bacon	U of I, Center for Disabilities and Development
Chris Beal	Otsuka Pharmaceuticals
Teresa Bomhoff	Iowa Mental Health Planning Council/NAMI Greater DM
Wayne E. Clinton	Story County Supervisor
Diane Diamond	DHS, Targeted Case Management
Eric Donot (phone)	Advocate
Jacob Dornbush	Pathways Behavioral Services
Marissa Eyanson	Easter Seals Iowa
Connie Fanselow	MHDS, Community Services & Planning/CDD
Dawn Fisk	Department of Inspections and Appeals
Jim Friberg	Department of Inspections and Appeals
Melissa Havig	Magellan Health Services
Jan Heikes	MHDS, Community Services & Planning
Karen Hyatt	MHDS, Community Services & Planning
Julie Jetter	MHDS, Community Services & Planning
Kathy Johnson	Abbe Mental Health Center
June Klein (phone)	Brain Injury Alliance of Iowa
Gretchen Kraemer	Attorney General's Office
June Lackore	Director, Office of Consumer Affairs
Geoff Lauer (phone)	Brain Injury Alliance of Iowa
Jim Rixner	Siouxland Mental Health Center

OTHER ATTENDEES (continued):

Renee Schulte	DHS Consultant
Rick Shults	MHDS Division Administrator
Deb Eckerman Slack	Iowa State Association of Counties
Mindy White	Department of Inspections and Appeals

WELCOME AND CALL TO ORDER

Jack Willey called the meeting to order at 9:35 a.m., welcomed attendees, and led introductions. No conflicts of interest were identified for today's meeting. Quorum was established, with twelve members present.

APPROVAL OF MINUTES

Deb Schildroth made a motion to approve the minutes of the March 20, 2014 meeting as presented. Richard Crouch seconded the motion. The motion passed unanimously.

ELECTION OF OFFICERS

Deb Schildroth, Chair of the Nominating Committee presented the committee's slate of candidates: Patrick Schmitz has been nominated for Chair and Suzanne Watson has been nominated for Vice-Chair. Lynn Grobe made a motion to elect the slate of officers as nominated by acclamation. Susan Koch-Seehase seconded the motion. The motion passed unanimously. The MHDS Commission officers for 2014-2015 are Patrick Schmitz, Chair and Suzanne Watson, Vice-Chair. Their terms begin May 1.

Betty King joined the meeting at 9:45 a.m.

VARIANCE REQUEST

Dawn Fisk, Administrator of the Division of Health Facilities, Department of Inspections and Appeals and Mindla (Mindy) White, Medicare/Medicaid Bureau Chief II, with responsibility for long-term care facilities in southeastern Iowa, presented a variance request from DIA administrative rules for the Commission's consideration. Dawn explained that the Chapter 65 administrative rules for Intermediate Care Facilities for Persons with Mental Illness (ICF/PMI) require facilities to have the services of a Qualified Mental Health Professional (QMHP). There are also provisions for the DIA Director to grant variances from that requirement. Dawn said it is rare to receive such a request.

The Director of the Iowa Department of Inspections and Appeals received the request for variance from IAC 481-65.9(3)(b), from Dave's Place, an Intermediate Care Facility for Persons with Mental Illness, located in Keokuk on March 26. IAC 481-65.4(2)(e) requires the Director to obtain approval from the Iowa MHDS Commission when a variance from the requirement for qualification of a mental health professional is

requested. Commission members were provided with copies of the Chapter 65 rules and the packet of information submitted by Dave's Place in support of their request prior to the meeting. Dawn Fisk explained that despite the provider's considerable efforts, they are currently without the services of a Qualified Mental Health Professional (QMHP). The facility has other contracted staff that they continue to rely on pending the hire of a new QMHP. They have identified a person for potential hire who is scheduled to meet all of the qualifications in June 2014 and are requesting the variance until she can complete that process.

Dave's Place is federally certified as a nursing facility and licensed by the state as an ICF/PMI under IAC Chapter 65. Both the certification and license require that the facility have a QMHP on staff or in consultation. The QMHP must be a physician or have a Masters' Degree, and must have at least two years of post-degree experience. Dave's Place has identified someone they hope to hire, although she is two months short of the two-year clinical experience requirement and after that requirement is met, she will have to sit for the test and get her license to practice. She does have considerable experience working with people who have mental illness. The facility is asking for a time-limited variance to allow this person to act as their QMHP for two months or so until she attains full qualification.

Dawn said that DIA Director Rob Roberts is in favor of granting the variance and she is here today to ask the Commission to give their approval for the Director to grant the variance.

Motion: Chris Hoffman made a motion to approve the request for variance as presented. Rebecca Peterson seconded the motion.

Discussion: Patrick Schmitz asked what the back-up plan would be if this candidate does not pass the test the first time and it takes longer than anticipated for her to become fully qualified. Dawn Fisk responded that the facility has a medical director (physician) who is in the facility on a weekly basis and a psychiatrist who visits every two weeks so they do have that level of expertise and experience available. Dawn also noted that they have pursued an exhaustive search to locate this candidate. She said that DIA could have more conversation with the facility about that eventuality and write some time limits into the variance before granting it.

Sharon Lambert joined the meeting at 10:00 a.m.

Chris Hoffman asked if the facility is in danger of closing if this person cannot work there. Dawn responded that she did not think they are in danger of closing. Chris commented that he supports allowing the variance.

Amended Motion: Chris accepted a friendly amendment to his motion to approve a variance for a limited period of time until the selected candidate has passed her test and become fully qualified, but not to exceed four months. Rebecca Peterson seconded the revised motion.

David Hudson asked what the consequence would be if the facility does not get the variance. Dawn Fisk responded that they would be operating in violation of the administrative rules and they could be assessed a fine at the discretion of the DIA Director. She also noted that the Director can withdraw a variance he has granted at any time. She said the provider, Health Care of Iowa, has been very forthcoming with the DIA during this process and have been sharing information and working well with the agency. The provider's licensure history is good.

Patrick Schmitz commented that this difficulty in filling positions for mental health professionals is representative of a statewide problem. He said it is a challenging to work with non-licensed people and get them licensed because they have to work to get the necessary experience, yet because of insurance restrictions, providers cannot hire them to get the experience.

Vote: The motion, as amended, passed unanimously.

David Hudson suggested that the Commission look into what could be done to alleviate the shortage of mental health professionals in Iowa, including any barriers to getting more people fully qualified and licensed. Chris Hoffman suggested that it would be helpful if third party payers could be convinced to allow unlicensed workers in situations where they can be adequately supervised and get the experience they need to become licensed. Patrick Schmitz agreed that the ability to utilize supervised non-licensed workers is a key issue.

DHS/MHDS UPDATE

Theresa Armstrong updated the Commission on MHDS and Department activities.

Iowa Health and Wellness Plan – Enrollment numbers in the IHAWP as of April 11:

- 88,672 total enrollees
- 6,000 have enrolled since March 28
- 70,652 have enrolled in the Wellness Plan (up to 100% FPL) (Federal Poverty Level)
- 18,110 have enrolled in the Marketplace Choice Plan (100 to 138% FPL)

IME (Iowa Medicaid Enterprise) has the numbers for each plan by county. That information and other materials related to the IHAWP are available on the IME website at: <http://www.ime.state.ia.us/iowa-health-and-wellness-plan.html>

Enrollment is now closed for the insurance exchange (for persons with income above 138% FPL) but not for these two groups. Enrollment is always open for the IHAWP.

In response to a question, Theresa noted that so far, 6011 people have enrolled in the Coventry Marketplace Choice Plan, and 6571 have enrolled in the Co-opportunity Plan. The remaining number enrolled in the marketplace choice group are still in the process of choosing their plan.

As of March 28, 3650 enrollees have been identified as medically exempt. DHS would like to see higher numbers. The current number represents about 4.5% of enrollees and actuaries estimate that the number of people who qualify will be closer to 14%. The specific criteria include a variety of chronic health conditions; serious mental illness is one of them. An individual must first enroll in the IHAWP, then fill out a form to determine eligibility for medical exemption, before receiving the determination.

Rebecca Peterson commented that it would be helpful if the process could be made faster, and if the application for medical exemption could be made with the original application. She noted that there also seems to be a delay between the time a person is approved and the time the portal is updated with that information. Melissa Havig recommended contacting eligibility staff to verify information. Suzanne Watson noted that there is still some confusion on the part of people who applied through the federal website. Theresa Armstrong said people who are still not enrolled should to apply through the state, even if they initially tried to go through the federal website.

Theresa asked if the Commission members had any suggestions about how the Department can reach people better so that those who might be medically exempt can be identified and have access to the services they need. Suggestions included contacting, providing information to, and working with:

- independent insurance agents
- churches
- mental health centers
- general assistance workers and clients
- peer support specialists

Jim Rixner commented that many people do not understand the medical exemption step and providers and others who work with them need to help them understand how important it is and how it can benefit them. Chris Hoffman said that since there has been negative press about the Affordable Care Act, people need accurate information about the benefits. Patrick Schmitz added that simplifying the process would also help. Claims data since the first of year could also be used to target people who may be medically exempt.

Rebecca Peterson asked if there are any updates on the dental aspects of the plan. Theresa Armstrong responded that she did not have any specific information, but is aware that IME has been working on the dental services piece. As new information becomes available, it will be posted on the IHAWP page of the DHS website.

Regional 28E Agreements – All regions have submitted their 28E agreements. Six of the regional agreements have met all the Code requirements and been approved. Two of the agreements are still being reviewed. Six are still at some level of revision.

Regional Service System Management Plans – Plans were due April 1; DHS has received all of them and they reflect a lot of hard work. They are completed unless

regions decide they want to amend their plans at some point. If amendments are proposed, they will come to the Commission for review. A management plan has three major parts:

- (1) Policy and Procedures Manual
- (2) Annual Services and Budget Plan
- (3) Annual Report

Parts 1 and 2 were both due April 1. The annual reports are due December 1 each year, starting with December 2015.

The annual services and budget plan includes information about local access points, designated targeted case management providers, and crisis planning. It also includes the budget and financial forecasting for the future, how they plan to reimburse providers and the specific services offered. These are annual plans due April 1 of each year that they will reflect core services and service development as additional services beyond the core service menu are added. Just about every region has some additional services in their plan for the coming year, such as jail diversion, mobile response, 23-hour observation, or other crisis related programs. The plans are also to address provider competencies required by the legislation: multi-occurring capability, evidence-based practices, and trauma informed care.

The third part of the plan is the annual report; those will not be due until the end of 2015. The management plans are public documents, but they still have to go through the approval process within the Department. Rules specify that feedback or approval from DHS needs to go to the regions by June 1; Julie Jetter and Jan Heikes are working on that right now.

Patrick Schmitz said he has heard concerns about some regions potentially amassing a large fund balance and at the same time cutting or limiting services, and asked if the Department is doing anything to monitor or address that situation. Theresa Armstrong responded that that Department will be able to see how each region plans to spend their dollars and compare that to their service plans as the management plan information is reviewed. She also noted that there is a provision in the HHS Appropriations Bill that cash flow reserves must not exceed 25% of the annual budget, and any other reserves must be used to fund core services or make additional services available.

Patrick said he has also heard concerns that some regions may be offering core services but not paying for them, which would mean they would be available only to people through Medicaid or insurance coverage. At the same time providers are also concerned about their ability to continue to offer the services if regions do not help pay for them because insurance reimbursement rates are so low. Chris Hoffman commented that if the system is going to continue to depend on community mental health centers as safety net service providers, that needs to be economically feasible. Suzanne Watson suggested looking at how community mental health centers can get to a point where they are self-sufficient without county/regional funds in effect subsidizing what they are paid through insurance. Patrick Schmitz made a comparison to other safety and emergency services such as police and fire departments, noting they do not

operate on a fee for service basis, but are publicly funded to be available when they are needed. Theresa Armstrong pointed out that there has been a significant increase in funding to the system and a significant change in how services are funded by the state taking over all Medicaid payments.

Deb Schildroth said some of the current concerns are around how the Medicaid offset will work and how it will affect the funds available to the regions. She asked if there has been discussion about how to calculate the offset and how to determine what the real savings to counties/regions from the Iowa Health and Wellness Plan will be. Theresa responded that there is a considerable amount of discussion to determine if the right assumptions and predications are being made. The intent is to get to the next steps of growing the system and providing more than core services and a portion of the offset is to go back into the system to fund services.

Jack Willey commented that he would like to see the legislative members of the Commission take a more active role in meetings outside the legislative session so they could hear the concerns expressed by members and guests and be able take those concerns back to the Capitol during the legislative session.

Theresa Armstrong said that she has noted the conversations have changed, things are happening, a lot of work has been done, and efforts have moved forward even though progress does not always come as quickly as we would like. Jim Rixner commented that the conversation has changed and he believes the movement toward a new and more complete system would be on track if it were not for the “claw back” (Medicaid offset) and serious concerns about how the system will be adequately funded.

Rick Shults arrived at 11:10 a.m. and joined Theresa in presenting the DHS/MHDS update.

Medicaid Offset – Rick said this is a complex issue because it is all about identifying savings that have not entirely happened yet, so it depends on making projections. The first time period associated with the offset is from January 1 to June 30, 2014. The amount of spending (and therefore savings) from that period would be calculated and certified by the Director by October 30, 2014. The Department is currently in the process of looking at a variety of estimates and determining how to make the most accurate calculations. Rick said the Department will look at previous county spending and what is being spent through IHAWP, and will build some assumptions with a variety of estimates.

Rick said he has heard that the regional budgets that have been recently submitted indicate there are expectations to use the full amount of money currently in the system to cover some degree of “core plus” services and that in order for that to happen the counties are suggesting that the Medicaid offset should not be implemented. Unless new legislation is passed, the offset was legislatively approved as part of the grand compromise to pass the Iowa Health and Wellness Plan and Iowa Code says it is to be implemented by the Department. Within the current plan, some funds stay in the region,

some funds come back to the state to be used for other purposes, and some funds go to property tax relief. The assumption is that IHAWP results in lower liability to the counties.

Rick drew an illustration showing that the money goes three places: (1) some stays with the counties; (2) some is subject to re-appropriation to the MHDS regional system; (3) some goes to property tax relief. Rick explained that the money subject to re-appropriation goes into a fund called the “property tax relief fund”, but is not the money designated for property tax relief, which can be confusing.

	Fiscal Year 2014	Fiscal Year 2015	Fiscal Year 2016
Counties/Regions Keep for MHDS Services	100%	20% of 2014 savings (6 months) x 2 (to annualize) PLUS remaining 30%	20% of 2015 savings
Subject to Appropriation to the MHDS regional system	None	About 50% of 2014 savings (6 months) x 2 (to annualize)	50% of 2015 savings
Property Tax Relief	None	None - by default the remaining 30% goes back to counties to keep	30% of 2014 (prior year) savings x 2 (to annualize)

Rick said real numbers, not projections, will be used in making the calculations. He also noted that property tax reductions do not occur until 2016. The full effect will be phased in over a 2 ½ year period and will start leveling out in subsequent years. The numbers get re-set every year, including the amount of county property tax levies.

Suzanne Watson said that seems like a new version of the old funding formula and does not seem to give regions much predictability on funding to go beyond the status quo and allow the system to grow because it is still a complex recalculation every year. Rick responded that to some extent, folks are proceeding down a path toward new core and core plus services that is ahead of the current Code and how funds are distributed. Building new services can be done if the funds are there.

Bob Bacon asked if there was an estimate on how much it would cost to offer the additional core services. Rick responded that an estimate was included in the December 2012 final redesign report, although the 2012 number was before IHAWP, so the general fund amounts in that estimate are probably higher than necessary.

Deb Schildroth commented that she has a document developed by ISAC that shows the amounts regions have put into their FY 2016 budgets for services beyond the core services that will be required in the next year, which include about \$85 million dollars for projects like jail diversion, mental health courts, pre-commitment screenings, and a variety of other services. She said she would share that information with the Commission.

Autism Support Program – The administrative rules for the Autism Support Program have been approved took effect April 1. Magellan has started accepting applications. Thus far, they have received three applications; two have been approved and one is pending. There are 10 providers on their service menu, mostly located around larger Iowa cities.

Support Employment Grant – Iowa is in the process of applying for a SAMHSA (Substance Abuse and Mental Health Services Administration) grant to increase supported employment services. CDD (Center for Disabilities and Development) is writing the grant application for DHS. It is due Monday. This is an exciting opportunity because supported employment is an Evidence Based Practice (EBP), it is included as a core service, and there are a number of providers who have expressed interest in offering supported employment services.

This grant would give Iowa an opportunity to build infrastructure within the state and the training components needed to help provider organizations move from workshops to competitive and integrated types of employment. Work has been going on to make this shift and this grant would support that effort. DHS and CDD are working cooperatively with IACP (Iowa Association of Community Providers). IACP already has a contract with the Department to conduct training for providers of home and community based services throughout the state.

The grant also required that two CMHCs (Community Mental Health Centers) agree to participate in the initial phase. DHS put out a request for applicants with a very short timeline and received five applications within a week. Two were chosen: Plains Area Mental Health and the Abbe Center. They will work in partnership with Vocational Rehabilitation, Workforce Development, and others. It is a five-year grant with up to \$800,000 available per year. Only six will be awarded nationwide. Theresa said that the Department believes Iowa has a good application.

A break for lunch was taken at 11:55 a.m.

The meeting resumed at 1:00 p.m.

DHS/MHDS UPDATE CONTINUED

Legislation – Theresa continued the DHS/MHDS update with a summary of key bills coming out of this legislative session.

Bills that have been signed into law by the Governor:

- HF 2379 – authorizes DHS to accredit crisis stabilization services
- HF 2378 – the bill sponsored by the Iowa Association of Psychologists that allows provisional licensing for doctorate level psychologists
- SF 2320 – allows family members and legal guardians to provide CDAC (Consumer Directed Attendant Care) services; some requirements for tracking of hours and limiting the number of hours worked were added
- SF 2296 – relates to financial responsibility for 812 commitments, which are for people who have committed crimes and are found to be mentally incompetent to stand trial; some will be paid for by DHS and some by the Department of Corrections
- SF 2211 – clarifies the definition of sexually violent predator and allows juvenile offenses to be considered

Bills still pending:

- HF 2417 – the Code Editor bill that makes technical changes related to recent MHDS legislation; it has passed the House, as amended in the Senate, and is now back in the House
- SF 2330 – related to CMHCs and how they are reimbursed; it passed the Senate, but did not make it out of the House; the language is still alive and will be included in the HHS (Health and Human Services) appropriations bill
- HSB 689 – came out of the Ways and Means Committee this week; it extends equalization for MHDS regions through FY 2016 and extends the levy to \$47.28; this language had been in other bills previously
- SF 2349 – the infrastructure and technology bill, which includes some funding to specific providers for remodeling buildings or updating technology; it passed the Senate, was amended in the House, and went to conference committee
- SF 2463 – the Health and Human Services budget bill; the House passed their version of the appropriations bill and it has gone to the Senate where it is expected to be amended; it will most likely go to back to the House and ultimately to conference committee

HHS Appropriations (SF 2463) - Rick said he anticipates there will be significant differences between the House and Senate versions of the appropriations bill to be worked out in conference committee. He noted that the bill includes \$30.5 million for equalization, which is an increase over last year because of the change in the population of the state. That includes the money that was previously in the State Payment Program. Also included:

- A proposed change in the core service reference related to employment services to make the language more person-centered and clarify that there would be choices available from an array of services
- A whole series of studies have been proposed, including another study of inpatient psychiatric beds, a study of the kinds of services that need to be

developed for people with challenges related to serious mental illness, and for people with MI released from prison

- There is money appropriated in the House bill to address HCBS Waiver waiting lists; the Senate is expected to propose a higher amount
- Funding for the children's systems of care; a fourth systems of care program will be added to the three programs currently operating; there is reduced funding to all of the programs because Medicaid-eligible children with SED (Serious Emotional Disorder) will be getting access to integrated health homes

David Hudson asked about the status of waiting lists for services. Rick responded that that it is important to define what waiting lists are being discussed. He said the waiting list for county-funded services is smaller than it has been in a long time. Some of the HCBS Waivers have waiting lists and some do not. The Brain Injury, Children's Mental Health, Health and Disability, and Physical Disability waivers have waiting lists and some of those applications that go as far back as May 2012.

DHS Personnel Changes – Rick Shults announced that Kris Weitzell has been named the new superintendent at the Clarinda Mental Health Institute. Both the DHS Mount Pleasant and Clarinda facilities share leadership with the Department of Corrections. Kris is the warden for the prison at Clarinda as well as the superintendent of the mental health unit. The Clarinda MHI also has a new administrator of nursing. Jason Smith has resigned as superintendent at the Cherokee MHI and has moved to Wisconsin to work as a clinical supervisor. Brad Wittrock is the acting superintendent of the CCUSO (Civil Commitment Unit for Sexual Offenders) and Chris Tofteberg is the acting superintendent of the MHI. The Department is actively recruiting to fill the position.

CRISIS STABILIZATION UPDATE

Renee Schulte updated the Commission on the development of administrative rules for crisis stabilization services. She said the Commission committee working on the rules document met again last night and made good progress, but the document still needs some further review, clean-up, and revision. The Department hopes to have the rules ready for the Commission to review and notice next month. These rules will go into Chapter 24 (Accreditation) and need to be viewed in the context of what providers have to do to be accredited to provide the crisis stabilization services. They cover the full array of crisis stabilization services. Some of the services that were not defined in Chapter 25 (Core Services) will be defined in these rules.

Jack Willey thanked the other Commission members who worked with him on the committee: Patrick Schmitz, Susan Koch-Seehase, Chris Hoffman, Rebecca Peterson, Suzanne Watson, Neil Broderick, and Betty King, saying they brought a good mix of perspectives and worked diligently.

Renee continued: The services include 24-hour crisis response, evaluation (including screening and assessment), hotline and warm line services, mobile response, 23-hour beds, and both facility-based and community-based residential services for youth and adults. The rules are structured so the services can be viewed as a continuum of care.

They could be funded by Medicaid, public non-Medicaid, or private third-party payers. Patrick Schmitz commented that creating a full array of crisis stabilization services may seem expensive, but it is the intent that these services will keep people from needing to go into the most costly level of inpatient care, which makes the cost a very good investment.

Renee said the expectation is that the rules will be voted on by the Commission for noticing next month. Once they are approved by the Commission, they go to the DHS Rules Administrator and LSA (Legislative Services Agency) for final review and within about four to six weeks will go before the ARRC (Administrative Rules Review Committee) for final approval.

OFFICE OF CONSUMER AFFAIRS

June Lackore, Director of the Office of Consumer Affairs (OCA), presented an update on the program. June has been serving as director since March. It is a part time position, about 20 hours per week. June said she became interested in mental health in the 1980s when two of her relatives were diagnosed with schizophrenia. That experience prompted her to continue her education and she earned a Masters' degree in counseling in 1997, the same year her brother committed suicide after a period of recovery. She said that people with serious mental health diagnoses served by the public health system live, on average, 25 years less than the general population and that certainly reflects her personal experience. Research shows that suicide and injury account for 30 to 40 percent of premature deaths among people with serious mental illness. June said her brother-in-law died of a cardio-vascular condition in 2011. Medical conditions are responsible for the other 60% of premature deaths among people with mental illness.

She said she is hopeful about the shift we are seeing in the mental health system from focus on maintenance to a recovery philosophy. In spite of the concerns about funding and the complexity of the system, she said she sees exciting things happening in the mental health system, including the use of peers, integrated health homes and mobile crisis teams.

In addition to the statewide director, OCA has five regional coordinators who each work about 12 hours a week. They work out of their homes and go out into their communities to connect with people.

- The coordinator for Region 1 (western Iowa) is Jackie Dieckmann, the parent of an adult son who started displaying symptoms with mental illness at the age of 12 and she is a member of the Iowa Mental Health Planning and Advisory Council.
- The coordinator for Region 2 (north central and northeastern Iowa) is Jim Paprocki, the parent of a son with autism and has been active with many groups

and committees including the Olmstead Consumer Task Force and the Children's System of Care group.

- The coordinator for Region 3 (Dubuque Co. to Lee Co. on the eastern side of the state) is David Lange. David is a person in recovery who lives in the Dubuque area. He is a Peer Support Specialist, works for Hillcrest Services, and is active in NAMI of Dubuque.
- The coordinator of Region 4 (southeastern and south central Iowa) is Jorge Pena. Jorge is a person in recovery who has experience as a substance abuse counselor and working in community corrections and is good at connecting with culturally diverse populations.
- The coordinator for Region 5 (south central Iowa) is Jessica Tull. Jessica is a student at Iowa State University, majoring in journalism, and a person in recovery. She has been involved with the OCA quarterly newsletter, website, and Facebook page, although she has just accepted a one-year internship and will be moving on to that in August.

Each of the five regions has a regional advisory committee of about five to seven volunteer members who are individuals in recovery or family members of a child with SED (Serious Emotional Disorder). June said they are always looking for new people to serve on the regional groups, which meet once a month. The coordinators, along with the advisory committee members work to share information, gather feedback to DHS and collaborate with other groups, such as NAMI, Disability Rights Iowa (DRI), Jail Diversion, and the Magellan Peer Support Roundtable.

June said she tries to make it to regional meetings to get a feel for what is going on around the state and to gather information about regional contacts and services so it can be shared with the people who need it. OCA uses newsletters, brochures, its website, and Facebook to inform others about what is going on in Iowa. They are in the process of developing some PSAs (public service announcements) to get the word out about what they offer. They are also working to get an interview with a Peer Support Specialist on television so more people will become aware of what they do.

OCA staff members respond to requests from individuals who reach out to them through phone calls and visitors to the website at www.ocaiowa.org and function as consumer advocates.

RECOGNITION OF RETIRING COMMISSION MEMBERS

Four members of the Commission have served two full terms or more and were recognized for their service: Jack Willey has been a member for nine years and served as Chair for four of those years; Susan Koch-Seehase has been a member for over eight years, and has served as Vice-Chair for two years; Chris Hoffman has been a member for over five years; David Hudson has been a member for three years.

Jack Willey read and shared copies of a letter he prepared reflecting on his years on the Commission, the changes he has seen, and the progress that has been made toward improving the lives of Iowans who rely on public mental health and disability services. Jack acknowledged the hard work and cooperative spirit of his Commission members and his appreciation for the many guests who have attended meetings to gather information and share their input. He also thanked DHS Director Chuck Palmer, MHDS Administrator Rick Shults, and DHS staff for their support and cooperation. Jack urged the Commission to continue to meet challenges and make their voices heard.

Jack presented Certificates of Appreciation from DHS to Susan, Chris, and David and thanked them for their dedicated service. Susan presented a special Certificate of Appreciation to Jack and expressed the Commission's gratitude for his tireless leadership.

NEXT MEETING

The next meeting is a joint meeting with the members of the Mental Health Planning and Advisory Council on Wednesday, May 21 from 1:00 p.m. to 5:00 p.m.

PUBLIC COMMENT

Wayne Clinton commented expressed his appreciation for Jack's dedication and leadership as Commission Chair, and said that he believes the citizens of Iowa have been well-served by the work of the Commission.

The meeting was adjourned at 1:55 p.m.

Minutes respectfully submitted by Connie B. Fanselow.